

Aiding Troubled Employees: The Prevalence, Cost, and Characteristics of Employee Assistance Programs in the United States

ABSTRACT

Objectives. Employee assistance programs (EAPs) are job-based programs designed to identify and assist troubled employees. This study determines the prevalence, cost, and characteristics of these programs in the United States by worksite size, industry, and census region.

Methods. A stratified national probability sample of more than 6400 private, nonagricultural US worksites with 50 or more full-time employees was contacted with a computer-assisted telephone interviewing protocol. More than 3200 worksites responded and were eligible, with a response rate of 90%.

Results. Approximately 33% of all private, nonagricultural worksites with 50 or more full-time employees currently offer EAP services to their employees, an 8.9% increase over 1985. These programs are more likely to be found in larger worksites and in the communications/utilities/transportation industries. The most popular model is an external provider, and the median annual cost per eligible employee for internal and external programs was \$21.83 and \$18.09, respectively.

Conclusions. EAPs are becoming a more prevalent point of access to health care for workers with personal problems such as substance abuse, family problems, or emotional distress. (*Am J Public Health.* 1996;86: 804-808)

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Introduction

Employee assistance programs (EAPs) are "job-based programs operating within a work organization for the purposes of identifying 'troubled employees,' motivating them to resolve their troubles, and providing access to counseling or treatment for those employees who need these services."^{1,2} In the last 100 years, work organizations have offered personal assistance to employees in many forms, including social betterment,³⁻⁵ personnel counseling,⁶⁻⁹ and occupational mental health.^{4,10} Recently, as a means of cost containment, more EAPs are providing limited, short-term treatment to employees before referral.

The most direct and influential antecedent to EAPs were industrial alcoholism programs.^{1,11-17} By 1974, the National Institute on Alcoholism and Alcohol Abuse had adopted the term *employee assistance program* to describe job performance-based intervention programs in the workplace. The institute noted that while deterioration in job performance could most often be attributed to the misuse of alcohol, it could also be related to other personal problems. Thus, EAPs broadened the scope of employer involvement beyond alcohol misuse and have evolved into multiservice programs to address all types of personal problems, including illicit drug use, family and mental health problems that affect job performance, and the general personal welfare of workers.^{15,16,18} Currently, EAPs can be administratively affiliated with a human resources, medical, or other department of a company, functioning either as an internal administrative unit or as an external contractor, depending on the needs and resources of the employer.

The National Survey of Worksite Health Promotion Activities, conducted by the Research Triangle Institute for the Department of Health and Human Services (DHHS) in 1985,¹⁹ estimated that 24% of private, nonagricultural US worksites with 50 or more employees offered an EAP. The Survey of Employer Anti-Drug Programs, conducted by the Bureau of Labor Statistics (BLS) in the summer of 1988,²⁰ estimated that 6.5% of all private, nonagricultural worksites (i.e., all sizes) had an EAP. In a follow-up study of these worksites conducted by the bureau in 1990, the estimated percentage of worksites with a program of this nature increased to 11.8%.²¹

Because small companies (i.e., those with fewer than 50 employees) represent the vast majority of all worksites, the prevalence rates reported by worksite obscure the total number of employees covered by EAPs. For example, the 1988 BLS study estimated that 31% of employees working in private, nonagricultural worksites in the summer of 1988 were covered by an EAP.²⁰ More recently, Blum et al.²² reported that 45% of full-time employees in their National

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Employment Study worked in firms with an EAP in 1991.

Previous research indicates that work-site size is related to EAP prevalence. For example, the 1988 BLS study estimated that 71% of the largest worksites (i.e., those with 1000 employees or more) had an active EAP compared with only 5% of the smallest worksites (i.e., those with fewer than 50 employees).²⁰ This positive association between worksite size and EAP prevalence was also found in the 1985 DHHS survey, the 1990 BLS follow-up study, and the National Employment Study.

EAP prevalence also differs widely by industry. The 1988 BLS survey found that at 76%, the communication and public utilities industry had the highest EAP coverage rate for employees compared with employee coverage rates of 11% for the construction industry, 17% for retail trade, and 18% for wholesale trade. Similarly, the EAP prevalence rate for worksites varied from a high of 31% in the communications and public utilities sector to a low of 3% in the construction sector.²⁰

In summary, the 1990 BLS follow-up study suggests a rapid increase in the provision of EAPs between 1988 and 1990, but no national survey of worksites has addressed EAP prevalence since these surveys. Thus, using data from a national survey of more than 3200 responding private, nonagricultural worksites with 50 or more full-time employees, this paper presents results on the prevalence, cost, and characteristics of EAPs in small-, medium-, and large-sized worksites in various industry groups. The data were collected in early 1993 using a computer-assisted telephone interviewer survey approach. Government officials, medical care practitioners, policymakers, and business leaders can use this information to assess and monitor the nature, cost, and availability of EAPs across the country. Furthermore, these results provided baseline data for a national follow-up computer-assisted telephone interviewer survey conducted in 1995.

Methods

As previously noted, the only national studies of EAP prevalence were conducted by the DHHS in 1985 and the BLS in 1988 and 1990.^{20,21} To ensure that our findings would be comparable to these earlier worksite surveys, our study was designed with a similar target popula-

TABLE 1—Employee Characteristics (Mean Percentages) in Private, Nonagricultural Worksites with More Than 50 Full-Time Employees, by Employee Assistance Program (EAP) Status, 1992 through 1993

Employee Characteristics	All Worksites, %	Worksites with an EAP, %	Worksites without an EAP, %	t Test of Mean %s
Full-time employee	90.2	90.8	89.9	NS
Age <30	36.0	36.0	36.0	NS
High school diploma	85.8	87.7	84.9	... ^a
College degree	27.4	31.8	25.3	... ^a
Union representation	12.7	15.8	11.1	... ^a
Minority employees ^b	28.4	25.5	29.7	... ^a

Note. NS = not significant.

^aSignificant difference in mean percentage for worksites with and without an EAP is at the .05 level.

^bIncludes Black, Hispanic, Asian, and Native American employees.

tion and stratification. Because the BLS used a sampling frame (the Unemployment Insurance Address file) that was unavailable to nongovernmental researchers, their study could not be duplicated exactly. Nevertheless, the notable distinction between the 1988 BLS study and our survey is that our study excluded both nonprivate worksites (because of the lack of a comprehensive list) and worksites with fewer than 50 full-time employees (because of data collection costs). The methods used for sample design, data collection, and data analysis are described briefly below. Boyle et al.²³ offer a technical and more lengthy presentation of these issues.

Sample Design

The target population consisted of all US worksites with 50 or more employees of private business enterprises, excluding agricultural enterprises. A worksite is any business location with a unique, separate, and distinct operation, including head-quarter units within an enterprise. The sampling frame was constructed by using the Dun's Market Identifiers database from Dun's Marketing Services.

The sampling strata were defined by the primary industry at the worksite (six categories) and the number of employees at the worksite (four categories). The sampling frame included approximately 421 000 worksites. Geographic location (four census regions) was used as a secondary stratification factor within the sample selection procedure.

The final stratified sample contained 6488 worksites, of which 3204 responded and were eligible. Ineligible worksites included nonprivate worksites, worksites with fewer than 50 full-time employees,

and closed worksites. The response rates for the survey indicated a strong willingness of worksite staff to contribute information related to EAPs. The response rate ranged from 80% to 96% across the 24 sampling strata, with an overall response rate of 90%. Boyle et al. present additional details of the sampling design.²³

The sampling weights within each stratum were computed from the selection probability of the worksite within the stratum; to reduce nonresponse bias caused by the differential response rates, the weights were adjusted to compensate for nonresponse and were poststratified to external counts of worksites.²³

Data Collection

The introductory section of the survey instrument confirmed that the correct worksite had been contacted, that the worksite was eligible to participate in the survey, and that interviewers were speaking with the person most knowledgeable about the EAP and employee benefits (e.g., human resources/personnel/EAP department heads). After collecting this preliminary information, interviewers determined whether the worksite had an EAP. If a worksite had an active EAP, 130 questions were administered on worksite demographics, EAP characteristics, EAP services provided, EAP costs, and employee benefits. For worksites without an EAP, information was collected on worksite demographics and employee benefits so that worksites with and without EAPs could be compared. The average contact time (i.e., time to reach and interview a respondent) was 58 minutes for worksites with an EAP and 28 minutes for worksites without an EAP.

TABLE 2—National Estimates of Employee Assistance Program (EAP) Prevalence among Private, Nonagricultural Worksites with More Than 50 Full-Time Employees, by Worksite Size, Type of Industry, and Census Region, 1992 through 1993^a

	Worksites			Employees		
	Total (in Thousands)	% with EAPs	Worksites without EAPs: % That May Offer EAPs in Next Year ^{b,c}	Total (in Thousands)	% in Worksites with EAPs	In Worksites without EAPs: % in Worksites That May Offer EAPs in Next Year ^{b,c}
All worksites	162.8 (. . .)	32.9 (1.1)	8.9 (0.9)	41 127 (1 271)	55.3 (1.8)	12.9 (1.9)
Worksite size						
50–99 employees	61.6 (1.7)	20.9 (1.8)	7.2 (1.3)	4 319 (124)	21.0 (1.8)	7.4 (1.4)
100–249 employees	66.0 (1.8)	33.2 (1.8)	8.1 (1.3)	9 612 (265)	34.0 (1.8)	8.6 (1.4)
250–999 employees	29.0 (0.9)	48.4 (2.2)	14.9 (2.3)	12 520 (404)	51.8 (2.3)	14.8 (2.3)
1000+ employees	6.2 (0.3)	76.1 (3.3)	25.3 (9.7)	14 675 (1 282)	82.3 (3.0)	26.7 (10.3)
Type of industry						
Manufacturing	54.0 (1.0)	33.3 (2.0)	8.8 (1.5)	14 058 (554)	56.3 (2.5)	9.3 (1.8)
Wholesale/retail	32.2 (1.1)	33.7 (3.0)	6.8 (2.1)	4 901 (236)	39.0 (3.0)	8.6 (2.4)
Communications/utilities/transportation	13.5 (0.8)	52.4 (3.3)	3.2 (1.3)	4 202 (435)	75.3 (3.3)	9.1 (4.1)
Finance/realty/insurance	14.2 (0.5)	41.5 (2.7)	15.4 (2.9)	4 369 (563)	68.6 (4.5)	18.1 (4.1)
Mining/construction	5.6 (0.4)	20.4 (2.9)	6.2 (2.2)	801 (49)	32.5 (3.1)	7.8 (2.9)
Services	43.3 (1.2)	24.5 (1.8)	10.1 (1.7)	12 796 (998)	50.8 (4.3)	18.4 (4.7)
Census region						
Northeast	33.0 (1.5)	34.0 (2.4)	8.1 (1.6)	9 356 (617)	59.0 (3.2)	10.1 (2.1)
Midwest	40.7 (1.8)	33.0 (2.2)	7.2 (1.6)	10 190 (616)	54.7 (3.2)	14.1 (6.1)
South	59.1 (1.9)	32.1 (1.9)	8.6 (1.4)	14 986 (1 168)	54.0 (3.8)	13.7 (2.2)
West	30.0 (1.6)	33.1 (2.6)	12.4 (2.6)	6 594 (460)	53.8 (3.5)	12.6 (2.6)

^aStandard errors appear in parentheses.^bOf sites without an EAP, 4% have missing data and 17% answered "don't know."^cPercentage of those not currently offering EAP services.

Data Analysis

The stratification and the differential sampling weights across the strata required that the data analysis take into account the complex design and the sampling weights. Thus, unbiased national estimates were computed using sampling weights based on selection probabilities and were adjusted to compensate for nonresponse. Weighted totals, means, frequencies and their standard errors were computed with the Research Triangle Institute's Survey Data Analysis (SUDAAN) software.²⁴ For some of the cost data, specific values were imputed with regression methods.

Results

Employee Characteristics

Table 1 presents mean percentages of employee characteristics in our survey for all worksites and for worksites with and without an EAP. The mean percentages of workers who are full time or younger than age 30 did not differ between worksites with and without EAPs. However, differences were found for

education (as measured by either high school diploma or college degree), union representation, and minority status.

EAP Prevalence

Table 2 contains national estimates of EAP prevalence and number of employees covered by size of worksite, type of industry, and census region.

Size. As illustrated in Table 2, approximately 33% of all private worksites in the United States with 50 or more full-time employees have an EAP, and approximately 9% of those without an EAP are considering starting one in the next year. Compared with data from the 1985 DHHS and the 1988 BLS surveys, this represents an increase in EAP prevalence of approximately 8.9% and 6.5%, respectively. The table also shows the positive relationship between worksite size and the provision of EAP services. Approximately 76% of worksites with more than 1000 employees currently have an EAP, and 25% of those without an EAP are thinking about starting one in the next year. In contrast, 21% of worksites with 50 to 99 employees have an EAP now, and only 7% of those without an

EAP are considering starting one in the next year.

One aspect of relatively greater EAP coverage for larger firms is that more employees have access to these services. As shown in Table 2, about 55% of all US employees in private worksites with 50 or more employees are currently eligible to use EAP services at their worksite, and another 13% may be covered in the near future. Compared with the findings from the 1985 DHHS and 1988 BLS surveys, this coverage rate is greater in all worksite size categories. For example, in the 50- to 99-employee category, the number of employees eligible to use EAP services has increased by approximately 6.3% since 1988.

Type of industry. Table 2 also indicates that the prevalence of EAP services varies across industry groups. The survey data indicate that 52% of communications/utilities/transportation industry worksites have EAPs, followed by financial industry worksites with 42%. The higher prevalence in the communications/utilities/transportation industries probably reflects government regulations that require drug testing and education in the

transportation industry.^{2,25} The mining/construction and services industries have the lowest prevalence rates at 20% and 25%, respectively, of all industry groups. The rank orders of the prevalence rates is similar when converted from percentage of worksites offering services to percentage of employees covered by services, with one exception. Individuals employed by firms in the wholesale/retail trade sector are much less likely to be covered by an EAP (39%) than are workers in all other industries (e.g., 51% in services). Further analysis indicates that large worksites in the wholesale/retail trade sector tend to have lower EAP prevalence rates than do large worksites in other industries. Finally, the percentage of firms considering starting an EAP in the next year is highest (15%) in the financial sector.

Type and Location of EAP

Table 3 presents information on EAP types and locations. The table shows that at worksites that offer some type of program, external EAPs and off-site locations are much more common than internal EAPs and on-site locations. We also found (not shown) that an estimated 2% of worksites had both an internal and an external program available for groups of employees, and that 3% of EAPs had both on-site and off-site locations. One practical explanation for the large percentage of external EAPs may relate to differences in operating costs for internal and external programs. Internal EAPs are staffed by company employees, and the programs are typically located in office space at the worksite. External EAPs may have lower per-client operating expenses because an independent provider can take advantage of economies of scale and other cost savings and thus offer a lower contract cost. In addition, for many small- and medium-sized worksites, the high fixed cost of an internal EAP would make it financially difficult to consider this option. This hypothesis appears to be supported by the data in Table 3, which show that, for worksites with an EAP, only 12% of the smallest firms (50 to 99 employees) have an internal EAP compared with 38% of the largest firms (1000+ employees). A similar difference exists between small and large worksites when comparing on-site versus off-site location of the EAP. Table 3 also shows that almost 90% of worksites in the wholesale/retail trade industry have external EAPs compared with 72% of worksites in the services industry.

TABLE 3—National Estimates of Type of Employee Assistance Program (EAP) and Location among Private, Nonagricultural Worksites^a with More Than 50 Full-Time Employees, by Worksite Size and Type of Industry, 1992 through 1993

	Total Worksites with EAPs (in Thousands)	Type of Program, %		Location, % ^b	
		Internal	External	On Site	Off Site
All worksites	53.5 (1.8)	16.7 (1.3)	81.1 (1.3)	14.0 (1.2)	83.4 (1.3)
Worksite size					
50–99 employees	12.9 (1.1)	11.7 (2.6)	87.7 (2.6)	8.7 (2.0)	90.1 (2.2)
100–249 employees	21.9 (1.3)	12.8 (2.0)	84.9 (2.1)	11.9 (2.0)	86.6 (2.1)
250–999 employees	14.0 (.7)	20.3 (2.4)	76.9 (2.6)	14.4 (2.0)	82.3 (2.3)
1000+ employees	4.8 (.3)	38.1 (3.8)	57.7 (3.8)	36.3 (3.8)	54.7 (3.9)
Type of industry					
Manufacturing	18.0 (1.1)	14.2 (2.3)	83.8 (2.5)	12.2 (2.1)	84.7 (2.3)
Wholesale/retail	10.9 (1.0)	7.9 (2.8)	89.8 (3.0)	4.1 (1.7)	95.7 (1.7)
Communications/ utilities/transportation	7.1 (.6)	25.1 (3.1)	73.3 (3.2)	23.8 (3.5)	73.5 (3.5)
Finance/realty/ insurance	5.9 (.4)	16.7 (2.7)	82.1 (2.7)	13.5 (2.7)	84.8 (2.7)
Mining/construction	1.1 (.2)	8.4 (2.8)	83.6 (5.2)	9.9 (4.1)	86.2 (5.1)
Services	10.6 (.9)	25.4 (3.4)	71.8 (3.5)	21.2 (3.2)	74.3 (3.4)

^aStandard errors appear in parentheses.

^bThree percent of worksites have missing location information.

The sponsorship of the EAP (not shown) was also computed overall by both worksite size and type of industry. Results indicate that nearly 98% of all EAPs were sponsored by employers only rather than by any other sources (e.g., employees and unions). We found relatively little variation in sponsorship by worksite size and type of industry.

Program Implementation

Of all worksites with an EAP, 89% reported that the current program was the first attempt at offering EAP services (not shown). Additionally, smaller worksites tend to have formed EAPs more recently than larger worksites. For example, more than 70% of worksites employing 50 to 99 employees formed EAPs in the last 5 years, compared with 34% of worksites employing more than 1000 employees.

EAP Cost

EAP cost data were obtained from 64% of responding worksites with an EAP (representing a population of 33 177 worksites). Approximately one quarter of these responding worksites have an internal EAP and three quarters have an external EAP. Based on data from these worksites, the median annual cost per eligible employee (determined by first computing the annual average cost per employee at each worksite and then

finding the median of these worksite averages) was \$21.83 for internal EAPs and \$18.09 for external EAPs. In addition, there was a noticeable difference in median cost by census region for external EAPs, with the South having the lower costs (\$15.78) and the Northeast (\$19.33) and West (\$21.17) having the higher costs. Limited sample sizes for internal EAPs did not permit reliable median cost estimates by census region. For a detailed analysis of the cost data, see French et al.²⁶

Discussion

The results of our study indicate that EAPs are continuing to grow in popularity in all types of US worksites. Compared with findings from similar studies in the 1980s (the 1985 DHHS and the 1988 and 1990 BLS surveys^{19–21}), our national estimate of 33% EAP prevalence for private, nonagriculture worksites with 50 or more employees represents a significant growth in such programs through 1993. This result is present not only in the aggregate but also for individual industries and regions of the country. Consistent with this main finding, most respondents—particularly the smaller worksites (e.g., 74% of those with 50 to 99 employees)—indicated that they formed their EAP in the last 5 years.

We also found that EAP services were much more likely to be provided by external contractors (81%) than by internal providers (17%) and at an off-site location (83%) rather than on the worksite premises (14%). Compared with data from the 1988 BLS survey,²⁰ it appears that most of the program growth in recent years has occurred in external programs.

Another key finding revealed that worksite factors are associated with EAP prevalence. In particular, we found that EAPs are significantly more likely to be found in larger worksites (as evidenced by a 76% prevalence in worksites with 1000+ employees), which is consistent with other research (e.g., the 1988²⁰ and 1990 BLS²¹; Blum et al.²²). We also found distinct differences in the prevalence of EAPs by type of industry, with the communications/utilities/transportation industries (52%) and the finance/realty/insurance industries (42%) being most represented, and the mining/construction industries (20%) and services industries (25%) being least represented by an EAP. In contrast, we found little variation in EAP prevalence by geographic region of the country.

Workforce demographics are also associated with the prevalence of EAPs. Worksites with relatively more educated and unionized employees and with relatively fewer minority employees are more likely to have an EAP. This might suggest that worksites with a more skilled labor force offer an EAP to minimize the hiring and training costs associated with replacing a troubled employee. Finally, the median annual EAP cost per eligible employee, which varied by region of the country, was \$21.83 for internal programs and \$18.09 for external programs.²⁶

In conclusion, these findings are convincing evidence that EAPs are becoming an increasingly popular adjunct to primary health care services, even at small worksites. Based on our survey results, it is reasonable to conclude that health care professionals who are working in the area of substance abuse and emotional health will continue to receive a large number of

EAP referrals for clients who have been assessed, screened for coverage, provided with some short-term counseling, and referred for external care. We intend, and encourage others, to investigate the costs, characteristics, and outcomes of these important worksite programs. □

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